## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	(for additional cross references)			
	INITIALS	ID NO.	· ·	
FEE DETERMINATION	P	15 110.	DATE	
O.I.P.E. CLASSIFIER	PA	10385		
FORMALITY REVIEW	RSD		6/20-1-	
RESPONSE FORMALITY REVIEW			9/20/00	
			1	
		1147)	8/02	
	INDEX OF O.			

## INDEX OF CLAIMS

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_	Rejected Allowed (Through numeral) Canceled Restricted	N

· F	INDEX OF CLAIMS		
11			
	(Through numeral)	7	Non-elected
<u>s</u> . ÷	(Through numeral) Canceled Restricted		
Claim Date	Restricted	0	Appeal Objected
Claim Date			Objected
	Claim	Date	] [
.   <u>  園</u>			Claim Date
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	If more than 450		

If more than 150 claims or 10 actions staple additional sheet here

## AVAILABLE COPY